

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Burrell Communications Group, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2018	
Mailing Address 233 N Michigan Ave Ste 2900			Amount 92938.00	
City Chicago	State IL	Zip Code 60601-5709	Transaction ID : VTDG0AATMM8	
Purpose of Expenditure Media Buy - Radio Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Nelson, Bill, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		555349.52	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Burrell Communications Group, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2018	
Mailing Address 233 N Michigan Ave Ste 2900			Amount 66572.00	
City Chicago	State IL	Zip Code 60601-5709	Transaction ID : VTDG0AATMN5	
Purpose of Expenditure Media Buy - Radio Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Bredesen, Philip, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		430948.74	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	159510.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 30 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC	FEC IDENTIFICATION NUMBER ▼ C C00609388
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Burrell Communications Group, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2018	
Mailing Address 233 N Michigan Ave Ste 2900			Amount 65686.00	
City Chicago	State IL	Zip Code 60601-5709	Transaction ID : VTDG0AATMP3 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Media Buy - Radio Estimate		Category/ Type		
Name of Federal Candidate McCaskill, Claire, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought		295068.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Burrell Communications Group, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2018	
Mailing Address 233 N Michigan Ave Ste 2900			Amount 43010.00	
City Chicago	State IL	Zip Code 60601-5709	Transaction ID : VTDG0AATMQ1 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Media Buy - Radio Estimate		Category/ Type		
Name of Federal Candidate Rosen, Jacky, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		109338.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	108696.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrianne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 30 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Burrell Communications Group, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2018		
Mailing Address 233 N Michigan Ave Ste 2900			Amount 60017.00		
City Chicago	State IL	Zip Code 60601-5709	Transaction ID : VTDG0AATMR9		
Purpose of Expenditure Media Buy - Radio Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donnelly, Joseph, S.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		319852.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Burrell Communications Group, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2018		
Mailing Address 233 N Michigan Ave Ste 2900			Amount 22516.00		
City Chicago	State IL	Zip Code 60601-5709	Transaction ID : VTDG0AATMS7		
Purpose of Expenditure Media Buy - Radio Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donnelly, Joseph, S.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		319852.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	82533.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R.,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 30 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 4 OF 7
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00609388 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Resonance Campaigns LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 29 / 2018</div> </div>		
Mailing Address 1020 16th St NW Ste 701			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15611.05</div>		
City Washington	State DC	Zip Code 20036-5730	Transaction ID : VTDG0AAVH77 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Direct Mail - Estimate		Category/Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Cockburn, Leslie, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Resonance Campaigns LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 29 / 2018</div> </div>		
Mailing Address 1020 16th St NW Ste 701			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19392.66</div>		
City Washington	State DC	Zip Code 20036-5730	Transaction ID : VTDG0AAVH85 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Direct Mail - Estimate		Category/Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Luria, Elaine, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">35003.71</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 30 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Resonance Campaigns LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2018		
Mailing Address 1020 16th St NW Ste 701			Amount 5083.55		
City Washington	State DC	Zip Code 20036-5730	Transaction ID : VTDG0AAVH93		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Underwood, Lauren, , A		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 14 State: IL
Calendar Year-To-Date Per Election for Office Sought		5083.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Resonance Campaigns LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2018		
Mailing Address 1020 16th St NW Ste 701			Amount 8408.09		
City Washington	State DC	Zip Code 20036-5730	Transaction ID : VTDG0AAVHA1		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Kelly, Brendan, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 12 State: IL
Calendar Year-To-Date Per Election for Office Sought		8408.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13491.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 30 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Resonance Campaigns LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2018		
Mailing Address 1020 16th St NW Ste 701			Amount 117272.74		
City Washington	State DC	Zip Code 20036-5730	Transaction ID : VTDG0AAVHB9 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type			
Name of Federal Candidate Bredesen, Philip, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought		430948.74	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Savvy Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2018		
Mailing Address 41750 Rancho Las Palmas Dr Suite E-3			Amount 3725.60		
City Rancho Mirage	State CA	Zip Code 92270-5511	Transaction ID : VTDG0AAVGZ4 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Text Messages - Estimate		Category/ Type			
Name of Federal Candidate McBath, Lucia, K., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		3725.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	120998.34
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrianne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 30 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00609388 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Savvy Communications			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 29 / 2018</div> </div>		
Mailing Address 41750 Rancho Las Palmas Dr Suite E-3			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6275.93</div>		
City State Zip Code Rancho Mirage CA 92270-5511	Transaction ID : VTDG0AAVH02 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>				
Purpose of Expenditure Text Messages - Estimate	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bourdeaux, Carolyn, , ,		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6275.93</div>			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
City State Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>				
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: State: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6275.93</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">526508.62</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY

10 / 30 / 2018

Signature